

**SUMMARY CMSP ELIGIBILITY**

Description of Eligible Person	Medically Indigent Adult who meets all CMSP eligibility criteria and is not eligible for Medi-Cal.	
Age Limits	21 through 64 years of age.	
Residence and Citizenship	<p>California residence. Residence in a CMSP county.</p> <p><b>Full Benefits:</b> A citizen of the United States or an alien who is: lawfully admitted for permanent residence; permanently residing in the United States under color of law.</p> <p><b>Emergency Services Only:</b> Persons whose immigration status has not been determined.</p>	
Personal Property Limits	<p style="text-align: center;"><b>Number of Persons Whose Property is Considered</b></p> <p>1 person ..... \$2,000</p> <p>2 persons ..... 3,000</p> <p>3 persons ..... 3,150</p> <p>4 persons ..... 3,300</p> <p>5 persons ..... 3,450</p> <p>6 persons ..... 3,600</p> <p>7 persons ..... 3,750</p> <p>8 persons ..... 3,900</p> <p>9 persons ..... 4,050</p> <p>10 or more persons ..... 4,200</p> <p>Spenddown of excess property permitted.</p>	<p style="text-align: center;"><b>Property Limit</b></p>
Motor Vehicle Limits	One vehicle exempt—no maximum value.	
Real Property Limits	<p>Principal residence, including any appertaining buildings and land used as a home is exempt if the applicant/beneficiary lives there.</p> <p>Other real property with a net market value of \$6,000 or less is exempt if utilization requirements are met.</p>	
Relative Responsibility	<p>Spouse for spouse.</p> <p>Parent for ineligible child living in parent's home.</p>	
Need Standard	<p style="text-align: center;"><b>CMSP Monthly Maintenance Need</b></p> <p>1 person ..... \$600</p> <p>2 persons ..... 750</p> <p>2 adults ..... 934</p> <p>3 persons ..... 934</p> <p>4 persons ..... 1,100</p> <p>5 persons ..... 1,259</p> <p>6 persons ..... 1,417</p> <p>7 persons ..... 1,550</p> <p>8 persons ..... 1,692</p> <p>9 persons ..... 1,825</p> <p>10 or more persons ..... 1,959</p> <p>Each additional person, add \$14.</p>	
Share of Cost	Net nonexempt income minus maintenance need equals share of cost. Share of cost must be paid or obligated before certification for Program benefits.	
Retroactive Coverage	Effective for application dates on or after January 1, 2003, no retroactive eligibility will be granted.	
Provider Network	All approved Medi-Cal providers—not limited to providers in CMSP counties.	

Please note that this is a general summary. For exceptions and details, consult your county welfare department.